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CONFIRMATION NO. 8954

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/810,445	03/26/2004 RULE 1.47	604	3734	EV31009US

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/458,884 03/28/2003
 and claims benefit of 60/508,437 10/03/2003

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 06/17/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VN Initials	MN	17	24

ADDRESS

POPOVICH, WILES & O'CONNELL, PA
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 UNITED STATES

TITLE

Double ended intravascular medical device

FILING FEE RECEIVED 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)
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